



5th Annual  
Hicksville D.A.R.E.  
2019 Summer Camp

July 9th, 10th & 11th  
8:30 a.m. to 3:30 p.m.  
Hicksville School  
958 E. High St.  
Hicksville, Ohio 43526

For students going into  
3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> & 7<sup>th</sup> grades.

\$ 30.00 Registration Fee  
Payable to: D.A.R.E. CAMP

Keep a copy of this  
page for your records

## Camp Do's and Don'ts

### DO:

- Come to have fun and meet people.
- Wear camp shirt every day of camp. (Shirts will be given out on first day)
- Wear tennis shoes and socks.
- Dress appropriate for the weather.
- Bring sunblock and mosquito spray, if you feel you will need it for outdoor activities.
- Have parents drop you off at camp no earlier than 8:00 am and pick you up at 3:30 pm

### Don't Bring:

- A bad attitude-you will be asked to go home.
- Fighting, cussing and disrespect will not be tolerated.
- Gum or candy.

### Note:

Lunch will be provided each day, but you may pack your own lunch if desired. Register early so you don't miss out! An itinerary will be sent to your home early July advising further on food and activities. To assure a proper shirt size and camp availability **applications are due by: Wed. June 19.** After due date shirt size can't be guaranteed.

**Parents: Interested in assisting as an adult staff member contact Deputy Phipps @ 419-784-1155**

## Activities:

Swimming  
Major Water Fight  
Crafts  
Putt Putt Golf & Games  
Laser Tag (Ultrazone)  
More Camp Games  
and Much More!!!

## Prizes:

D.A.R.E. Items  
Amusement Park Tickets  
Bikes  
Come & find out what else!!

**Instructors will be D.A.R.E. Officers from the following counties Allen, Defiance, Paulding, Van Wert County, Van Wert City & Williams. Also on hand will be Jr. High & High School students from local schools that will be serving as group leaders.**

### Return application:

**In person or by mail to:**  
D.A.R.E. Summer Camp  
113 Biede Ave.  
C/O Deputy Dana Phipps  
For extra applications go to:  
[www.defiance-county.com/dcso/](http://www.defiance-county.com/dcso/)  
Located on D.A.R.E. page/section

**Application: All areas must be completed!**

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

School you attend \_\_\_\_\_

What grade going into? \_\_\_\_\_

Child size: Sm. \_\_\_\_\_ Med. \_\_\_\_\_ Lg. \_\_\_\_\_

Adult size: Sm. \_\_\_\_\_ Med. \_\_\_\_\_ Lg. \_\_\_\_\_ XXL \_\_\_\_\_

In addition to this completed application, a signed accident waiver form must also be on file before a new member can participate in D.A.R.E Summer Camp Activities. The original waiver form must be in the possession of the Officer when transporting a member to any off-site activity. I \_\_\_\_\_

Camper's Name \_\_\_\_\_

agree to follow all rules and regulations concerning conduct and dress. Should I violate these rules I understand that I may be subject to expulsion from the camp.

\_\_\_\_\_ X

Camper's Signature \_\_\_\_\_

Sheriff's Office Rep. Receiving Form: \_\_\_\_\_

Paid with Check# \_\_\_\_\_ Cash \_\_\_\_\_

**Accident Waiver Form**

I, \_\_\_\_\_, Please Print Parent/Guardian Name

release the Defiance County Sheriff's Office, Defiance County Commissioners, Ultra Sound Special Events Inc., Hicksville Schools, Hickory Acres, Camp Staff & Volunteer Personnel from any and all liabilities and responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to or from activities.

I authorize the D.A.R.E. Summer Camp Leadership to transport my child to the nearest hospital in case of injury or suspected injury while the child is involved in the D.A.R.E. Summer camp activity.

I authorize the hospital attending physician to administer the necessary emergency professional medical care to my child, D.A.R.E. camp participant, upon his/her arrival at the hospital.

Parent or Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

If siblings are attending do they want to be in the same group? Yes \_\_\_\_\_ No \_\_\_\_\_

Names: \_\_\_\_\_

If time allows we will be doing Kid Photo I.D. Cards which will have the camper's information and fingerprint on it. When card is completed it is then given to the camper to be given to parent. We keep no records of the information which is collected for the I.D. Card.

Yes: \_\_\_\_\_ I.D. my camper  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
No: \_\_\_\_\_ Do Not I.D. my Camper/Child

**Emergency Contact Info**

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other adult contact in case of an emergency: \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

List any and all physical/medical conditions, or special needs which may affect participation in any activities or anything else such as restraining orders which we would need to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medication that child is taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_